

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/004 115

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			3		4		5	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		2											
3		2											
4		1											
5		1											
6		1											
7		1											
8		1											
9		1											
10		1											
11		1											
12		1											
13		1											
14		1											
15	1		1										
16		1											
17		1											
18		1											
19		1											
20		1											
21	1		1										
22		1											
23		1											
24	1		1										
25	1		1										
26		1											
27		2											
28		1											
29		2											
30		2											
31	1		1										
32		1											
33		1											
34		3											
35		1											
36		1											
37		1											
38		1											
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	1		6										
TOTAL DEP.		13		45									
TOTAL CLAIMS	24		51										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS